

P180000 88655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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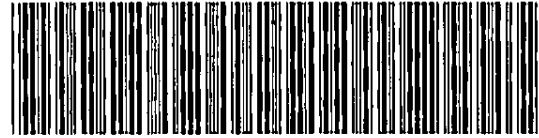
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ORIBA PAINTING CORP
Name of Corporation

DOCUMENT NUMBER: P18000088655

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTONIO FERNANDES CARDOZO
Name of Contact Person

Firm/Company

10217 VILLA PALAZZO CT
Address

TAMPA, FL 33615
City/State and Zip Code

AGENTECARDOZO@YAHOO.COM.BR
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO FERNANDES CARDOZO at 813 538-8995
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301